## UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

| In re   | )<br>Cose No.           |  |                   |
|---|-------------------------|--|-------------------|
|   | )                       | OF ADDRESS, OD   |                   |
|   | ) IF <u>NOT</u> D       | OF ADDRESS; OR,<br>ONE BY DEBTOR,  |                   |
| Debtor(s)   | ) ADDITIO               | N OF INTERESTED PARTY  |                   |
| I, THE UNDERSIGNED, CERTIFY THE   | FOLLOWING IS            | S TRUE AND CORRECT:  |                   |
| 1. The address of ONLY  | VDE OD DDINIT           | NAME)  | or added.         |
|   |                         |  |                   |
| 2. The address change or additions for t  | he party named i        | n pt. 1 should be made as follows (CHE   | CK ONLYONE):      |
| <ul> <li>a. CHANGE FOR <u>BOTH</u> DEBTORS different addresses and only one</li> </ul>          |                         | rs' addresses will be changed even if the<br>I in pt. 1);  | ey currently have |
| <ul> <li>b. CHANGE FOR <u>ONLY</u> ONE DEB<br/>names appear in a joint case) will</li> </ul>    | -                       | ddress of the debtor named in pt. 1 (or  | r husband if both |
| <ul> <li>c. CHANGE FOR <u>ONLY</u> JOINT DEI names appear in pt. 1];</li> </ul>                 | 3TOR [i.e., only a      | address of joint debtor (wife) will be char  | nged even if both |
| d. CHANGE FOR DEBTOR'S ATTO   | ORNEY;                  |  |                   |
|   | mitted by the deb       | STED PARTY<br>stor will result in the inclusion of a suppl<br>by the creditor on a proof of claim]; or | emental address   |
| f. ADDITION OF CREDITOR OR C [NOTE: This form is ONLY for use if the debtor needs to add such p | e by the <u>PARTY</u> v | STED PARTY TO MAILING LIST whose address is being ADDED. LBF #7  | 728 must be used  |
| 3. [Must be completed if 2a, 2b, 2c, 2d file is:  | or 2e above was         | checked] The entity's old address as s   | hown in the case  |
| 4. The entity's NEW address AND PH  | <br>ONE # is:           |  |                   |
|   |                         |  |                   |
|   |                         |  |                   |
| DATED:  |                         |  |                   |
|   |                         | **SIGNATURE  |                   |
| **NOTE: THIS FORM MUST  |                         | SIGNATURE  |                   |
| BE SIGNED AND WILL BE EFFECTIVE IMMEDIATELY   | !                       | TYPE OR PRINT SIGNER'S NAME  | OSB # (if atty.)  |
|   |                         | SIGNER'S PHONE # AND RELATIO   | N TO CASE         |

101 (1/1/08)